


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 010 ***150.00

DOCUMENT # P05000106515	
1. Entity Name FUTURE IMAGE BY SALLY INC.	

Principal Place of Business 16455 NW 67 AVE. MIAMI LAKES, FL 33014	Mailing Address 16455 NW 67 AVE MIAMI LAKES, FL 33014
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2. Principal Place of Business - No P.O. Box # 3382 SW HIMANGO ST	3. Mailing Address 3382 SW HIMANGO ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCIE, FL	City & State PORT ST LUCIE, FL
Zip 34953	Country USA

03062008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3306787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
AROCHA, MANUEL 3382 SW HIMANGO ST MIAMI, FL 33014 PORT ST LUCIE, FL 34953	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, ZENIADA 3382 SW HIMANGO ST	NAME	
STREET ADDRESS	4721 SW 87 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, VANESSA 3382 SW HIMANGO ST	NAME	
STREET ADDRESS	4721 SW 97 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCHA, MANUEL 3382 SW HIMANGO ST	NAME	
STREET ADDRESS	4721 SW 97 TERR	STREET ADDRESS	
CITY - ST - ZIP	MIRAMAR, FL 33025 PORT ST LUCIE, FL 34953	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MANUEL AROCHA** **03/06/08** **772-446-7722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #